

SCC eFile  
(6/10)

**2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

211500687

1.) CORPORATION NAME:

DUE DATE: **1/31/2011**

**Macy's Systems and Technology, Inc.**

SCC ID NO: **F1323890**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**11 S 12TH ST**

**PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O MACY'S CORP SERVICES INC  
7 W SEVENTH ST

CITY/ST/ZIP: CINCINNATI, OH 45202-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: BRIAN M SZAMES  
TITLE: VICE PRESIDENT  
ADDRESS: 7 W SEVENTH STREET  
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

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OFFICER

☐

DIRECTOR

NAME: LINDA J BALICKI  
TITLE: SECRETARY  
ADDRESS: 7 W SEVENTH STREET  
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

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OFFICER

☐

DIRECTOR

NAME: STEPHEN J O'BRYAN  
TITLE: ASST SECRETARY  
ADDRESS: 7 WEST 7TH ST  
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

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OFFICER

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DIRECTOR

NAME: JOEL BELSKY  
TITLE: DIRECTOR  
ADDRESS: 7 WEST SEVENTH ST  
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

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OFFICER

☐

DIRECTOR

NAME: TOM COLE  
TITLE: CEO  
ADDRESS: 151 W 34TH ST., 13TH FL  
CITY/ST/ZIP/CO: NEW YORK, NY 10001-

NAME:	LARRY LEWARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5985 STATE BRIDGE ROAD		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097-		
NAME:	FAYE GLANCZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	5985 STATE BRIDGE ROAD		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097-		
NAME:	WAYNE BERGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	151 W 34TH ST., 13TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	DONNA A. MAGEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	151 W 34TH ST., 13TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	BRIAN LEINBACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	151 W. 34TH ST., 13TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	DENNIS J. BRODERICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST SEVENTH ST,		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	DAVID W CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	CARL L. GOERTEMOELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	KAREN M. HOGUET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	BRADLEY R. MAYS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE TIROCKE VICE PRESIDENT 5985 STATE BRIDGE RD. JOHNS CREEK, GA 30097-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN MUNSON STEINES VICE PRESIDENT 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN G. LUCAS ASST TREASURER 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN P. STORER ASST TREASURER 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN A. FURLONG ASST SECRETARY 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER M. KELLY ASST SECRETARY 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEPHEN J O'BRYAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		STEPHEN J O'BRYAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	
		12/21/2010 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			